

# BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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46												
47	1											
48												
49												
50												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS